IPDR6702				NORTH CAROLINA		DAGE	1	т —
	02/13/2005		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	+
				ECKWRITE DATE: 02/15/2005				
		1		FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	15	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	H/DD/SAS			NT BUDGET				-
								+
		0	0		0	15	37	22
3404904		8517	407	CLAIMS DENIED, SUBMITTED BEYON				
3101301	WESTERN HIGHLAN DS LME	0.027	407	D FILING TIMELIMIT. JULY				
	50 202			THROUGH APRIL DOS MUST BE SUBM				1
		8518	361	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	0	978	1287	309
				JUNE DOS MUST BE SUBMITTED BY				+
		21	129	DUPLICATE OF CLAIM-SYSTEM				
								1
	+				-	1		-
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***		1		<del>                                     </del>
	AL HLTH CTR							
		0	0		0	-	-	
					0	0	0	- 0
								<b>†</b>
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	21	2290	DUPLICATE OF CLAIM-SYSTEM				-
								<b>†</b>
		8505	1442	CLAIM DENIED DUE TO INSUFFICIE	8	4940	9727	4612
				NT BUDGET				-
		8599	618	DETAIL NOT COVERED BY COMBINAT				1
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8599	574	DETAIL NOT COVERED BY COMBINAT				-
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	59	AMBUG THE TOTAL BO DECETTE OF				
		0,31		AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	70	645	3126	2481
		8932	5	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				+
								<b>—</b>
3404913	MECKLENBURG COM	8599	2388	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		-		-
	+	8329	1303	CLAIM DENIED ATTENDING PROVIDE	1314	7331	13067	7 5736
				R CANNOT BE THE SAME AS		.331	22007	
				THE LMA				
	1	8933	1125	ADTNC INELIGIBLE TO RECEIVE SE		1		1
	+			RVICES IN IPRS.	<del> </del>	<del>                                     </del>		<del>                                     </del>
	1							<b>—</b>
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL					1		1
	+			+	+			<del>                                     </del>
		0	0		0	0	0	0
	1	1			1	_	l —	1 -

							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	8599	149	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8933	134	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	285	784	6176	5392
				RVICES IN IPRS.				
		8517	122	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404918	ROCKINGHAM CO M	8599	69	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
		8935	24	ASTNC INELIGIBLE TO RECEIVE SE	2.5	135	581	446
				RVICES IN IPRS.				
		21	17	DUPLICATE OF CLAIM-SYSTEM				
						<del>                                     </del>		
				+		<del>                                     </del>		
3404919	GUILFORD CO MEN	8599	185	DETAIL NOT COVERED BY COMBINAT		<del> </del>		
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	32	60 RESIDENTIAL LEVEL III TREAT	16	285	5284	4999
				MENT RECEIVED, PA IS REQUIRED  FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
		191	20	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404920	ALAMANCE CASWEL	8505	558	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	142	DETAIL NOT COVERED BY COMBINAT		753	1366	613
		0000		ION OF RECIPIENT, PROVIDER AND		/53	1366	613
				BENEFIT PACKAGE.				
		191	15	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404921		5312	2589	PRIOR AUTHORIZED DOLLARS EXCEE				
3404321	ORANGE PERSON C HATHAM AREA	3312	2303	DED				
	DAIDAM AKEA							
		8599	65	DETAIL NOT COVERED BY COMBINAT	46	2902	4779	1873
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	25	DUDY YOURD OF CLAIM OVER		ļ		
		21	35	DUPLICATE OF CLAIM-SYSTEM		-		
						<del></del>		
				+		<del> </del>		
3404922	THE DURHAM CENT	11	201	CLIENT NOT ELIGIBLE ON SERVICE		1		
	ER			DATE				
		0.000						
		8329	54	CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS	C	327	345	18
				R CANNOT BE THE SAME AS THE LMA		<del>                                     </del>		
						<del>                                     </del>		
	+	8505	38	CLAIM DENIED DUE TO INSUFFICIE		<b>†</b>		
				NT BUDGET		1		
-								
3404923	VGFW AREA AUTHO	5404	535	SEVERE DUPLICATE: SAME ATTO PR				
	RITY			OV/PCODE/TOS/DOS/MOD				
						-		
		21	402	DUPLICATE OF CLAIM-SYSTEM		1110		5429
						1143	6670	5425
				+				
						1		
						1	l	
		8518	82	CLAIM DENIED, SUBMITTED BEYOND				
		8518	82	FILING TIMELIMIT. MAY AND				
		8518	82					

PROVIDER	-	HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
NOTED LET	PROVIDER NAME	2020	DENTITED	DEGGGE 120M	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	21	27638	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	1845	DETAIL NOT COVERED BY COMBINAT	664	33393	40371	697
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	1731	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
2404006		25.00	1.000					
3404926	SOUTHEASTERN RE	8599	1603	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	G MENTAL HL			BENEFIT PACKAGE.				
		143	120	CLIENT ID NUMBER NOT ON STATE	4 4	1967	3737	177
				ELIGIBILITY FILE				
		21	70	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M	8505	2221	CLAIM DENIED DUE TO INSUFFICIE	1			
	HC			NT BUDGET	1			
		8599	439	DETAIL NOT COVERED BY COMBINAT	1			
		0393	*33	ION OF RECIPIENT, PROVIDER AND	3	2761	2833	7:
				BENEFIT PACKAGE.				
		8800	31	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/	191	32	CLIENT ID NUMBER DOES NOT MATC				
	DD/SAS			H PATIENT NAME				
		8599	14	DETAIL NOT COVERED BY COMBINAT	0	53	869	81
				ION OF RECIPIENT, PROVIDER AND		33		01
				BENEFIT PACKAGE.				
		8329	7	CLAIM DENIED ATTENDING PROVIDE				
		0323	,	R CANNOT BE THE SAME AS				
				THE LMA				
3404930	JOHNSTON COUNTY	8931	105	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	MNTL HLTHC			RVICES IN IPRO.				
		8935	41	ASTNC INELIGIBLE TO RECEIVE SE	165	227	3126	289
				RVICES IN IPRS.				
		8599	30	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404931		8599	986	DETAIL NOT COVERED BY COMBINAT	1			
	WAKE CO HUM SVC BILLING OF			ION OF RECIPIENT, PROVIDER AND	1			
	TIBLING OF	1		BENEFIT PACKAGE.	1			
		202	100					
		191	177	CLIENT ID NUMBER DOES NOT MATC	249	1858	8378	651
				H PATIENT NAME				
		120	169	CLIENT ID NUMBER MISSING OR IN				
	1	1		VALID. ENTER CID AND SUBMIT AS A NEW CLAIM			-	
				A NEW CLAIM				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
_	1	1					-	
		0	0		-	-		<u> </u>
	+		-		0	0	0	
3404933	SOUTHEASTERN CT	21	36	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		+	-					
		11	23	CLIENT NOT ELIGIBLE ON SERVICE	18	159	2184	202
				DATE	10			
		8599	21	DETAIL NOT COVERED BY COMPINE	1			
	1	8599		DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	1			-
				BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DECONTRATON	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934		11	120	CLIENT NOT ELIGIBLE ON SERVICE				
3404334	ONSLOW COUNTY B		110	DATE				
	EHAVIORAL H							
		0	0			120	161	41
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0					
		0	0		-	0	0	0
3404936	WILSON-GREENE M	8621	29	60 RESIDENTIAL LEVEL III TREAT				
	ENTAL HEALT			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	10	DETAIL NOT COVERED BY COMBINAT		60	2749	2689
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE				
		-		RVICES IN IPRS.				
						-		<u> </u>
3404937	EDCECOMPE MACH	8505	42	CLAIM DENIED DUE TO INSUFFICIE		-		
	EDGECOMBE NASH MNTL HLTH C			NT BUDGET				
		21	5	DUPLICATE OF CLAIM-SYSTEM		59	2088	2029
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404938		8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
3404330	VGFW DBA RIVERS	0551	~	RVICES IN IPRS.				
	TONE COUNSE							
		24	2	PROCEDURE CODE, PROCEDURE/MODI		7	635	628
				FIER COMBINATION OR PROCEDURE	·			
				CODE/TYPE OF SERVICE COMBINATI				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404939		8599	252	DETAIL NOT COVERED BY COMBINAT				
2404323	NEUSE MENTAL HE	0399	232	ION OF RECIPIENT, PROVIDER AND				
	ALTH CENTER			BENEFIT PACKAGE.				
		8651	12	ONLY FOUR UNITS ALLOWED PER MO		288	1945	1657
	1			NTH		200	1943	2037
		120	10	CLIENT ID NUMBER MISSING OR IN			-	
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
2404044		0500	60	DEMANY NOW COMPANY PARTY				
3404941	PITT CO MH/DD/S	8599	68	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	AS CENTER			BENEFIT PACKAGE.		1		
		8329	39	CLAIM DENIED ATTENDING PROVIDE	1:	188	847	659
				R CANNOT BE THE SAME AS	1.	100	04/	033
				THE LMA				
		143	36	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
24040:-		0004						
3404942	ROANOKE CHOWANH	8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	UMAN SERVIC	-		RVICED IN IPRO.				
						-		-
	+	191	6	CLIENT ID NUMBER DOES NOT MATC				_
	+		-	H PATIENT NAME	1	7 42	628	586
						1		
						<b>†</b>		
		8599	5	DETAIL NOT COVERED BY COMBINAT		1		
			1			1		+
				ION OF RECIPIENT, PROVIDER AND				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS		FINALIZED	PAID
	PROVIDER NAME				DENTALS	DENTALS	FINALIZED	FAID
3404943	ALBEMARLE MENTA	11	98	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
	a manara ca							
		21	41	DUPLICATE OF CLAIM-SYSTEM	55	298	2866	2568
						230	2000	2300
		8931	40	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	8000	153	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
	N SERVICES							
		8599	85	DETAIL NOT COVERED BY COMBINAT	28	327	3441	3114
				ION OF RECIPIENT, PROVIDER AND	20	321	2441	3114
				BENEFIT PACKAGE.				
				DINIET INCHION.				
		8505	35	CLAIM DENIED DUE TO INSUFFICIE				
		0303		NT BUDGET				
				N1 D0D0D1				
3404946		8599	177	DETAIL NOT COVERED BY COMBINAT				
2404240	FOOTHILLS AREAM	0333	177	ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
		191	76	CLIENT ID NUMBER DOES NOT MATC				
		191	7.6	H PATIENT NAME	1	274	9094	8820
				H PAILENI NAME				
		0.1	1.0					
		21	10	DUPLICATE OF CLAIM-SYSTEM				
0404057		0		*** NO DATA TO REPORT ***				
3404957	TIDELAND MENTAL	U	U	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	8505	1360	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	89	FURTHER PROCESSING NECESSARY,	0	1449	1465	16
				PLEASE CHECK FOR CLAIM ON				
	1			FUTURE RA'S.		1	I	